

# SEIZURES - PEDIATRIC

<b>EMR</b>	<ul style="list-style-type: none"> <li>❑ Routine Medical Assessment and Interventions</li> <li>❑ Obtain Temperature, SpO<sub>2</sub>, ETCO<sub>2</sub>, and/or CO readings via non-invasive devices as indicated for the situation and when equipment is available.</li> <li>❑ Oxygen as indicated, if SpO<sub>2</sub> is below 94%</li> <li>❑ Ensure safety of patient by removing potential hazards from the immediate surroundings (e.g., chairs etc). Place patient in 'recovery' position during post-ictal period. Do not attempt to physically restrain an actively seizing patient.</li> <li>❑ If suspected febrile seizure, remove clothing to aid in cooling patient – do not actively cool without OLMC consultation.</li> <li>❑ If etiology of condition involves potentially hazardous causes (e.g., CO and etc) the toxic exposure guideline should be used in conjunction with this guideline.</li> </ul>	<b>EMR</b>
<b>EMT</b>	<ul style="list-style-type: none"> <li>❑ Acquire peripheral blood specimen for blood glucose monitoring.               <ul style="list-style-type: none"> <li>○ Follow Diabetic Emergencies – Pediatric guideline as indicated</li> </ul> </li> </ul>	<b>EMT</b>
<b>AEMT</b>	<ul style="list-style-type: none"> <li>❑ Initiate vascular access as needed and indicated.</li> <li>❑ May consider Glucagon if hypoglycemic – see Diabetic Emergencies – Pediatric guideline</li> <li>❑ Consider administration of <b>Normal Saline 20 mL/kg bolus</b> as needed.</li> </ul>	<b>AEMT</b>
<b>EMT-I</b>	<ul style="list-style-type: none"> <li>❑ Obtain <b>ECG</b> as needed and indicated.</li> </ul>	<b>EMT-I</b>
<b>PARAMEDIC</b>	<ul style="list-style-type: none"> <li>❑ May administer <b>15 mg/kg Acetaminophen</b> if seizure likely caused by fever. Any Acetaminophen administered within the last four hours should be included in the calculated dose above.</li> <li>❑ If seizure persists more than 3-5 minutes or seizure recurs before patient returns to consciousness then:               <ul style="list-style-type: none"> <li>○ <b>Midazolam (Versed) 0.1 mg/kg IV/IO/IN or 0.2 mg/kg IM.</b> May repeat as needed in 10 minutes.</li> <li>○ Consider advanced airway interventions if seizure is prolonged and patient becomes aspiration risk.</li> </ul> </li> </ul>	<b>PARAMEDIC</b>

## Clinical Care Pearls

- ❑ Be sure to allow for adequate time for pharmacological interventions to take effect prior to administration of additional doses.
- ❑ If RSI is undertaken in the seizing patient, it is important to understand despite absence of movement, seizure impulses remain and will require administration of benzodiazepine medications.